



## Camper Registration Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade in fall: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Alt Phone: \_\_\_\_\_  
Shirt size (adult): \_\_\_\_\_

Insurance carrier: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

Release Information:

In consideration of the acceptance of this application, I, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against All American Volleyball Camp or its representatives and or assignees, for any and all damages which may be sustained and suffered by me in connections with my association with or entry in this camp, and which may arise out of my traveling to, participating in or returning from the camp. Parent(s), guardian authorize the All American Volleyball Camp to act in the best interest of the applicant, in Camp Directors' discretion, in event of injury to the applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

All American Volleyball Camp

*Incoming 6th-8th Graders*

make checks payable to:

**Superior High School**

Camp Date: 7/24/2017 - 7/25/2017

Location: Superior High School

Cost: \$60 per camper

Session Times: 3:30-5:30p

Send registration and full payment  
to:

Brenda Pluntz  
2333 Hammond Ave  
Superior, Wisconsin 54880

Due: 5/1/17

Coach's Phone: 218-390-8827